2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 26, 2004 8:00 am Secretary of State DOCUMENT # P96000037329 03-26-2004 90026 023 ***150 00 SEA CLEAR AQUARIUM AND PET CENTER, INC. Principal Place of Business Mailing Address 2884 RINGLING BLVD. 2884 RINGLING BLVD. SARASOTA, FL 34236 SARASOTA, FL 34236 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0658073 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCDANIEL, ROBERT S JR DO NOT WRITE 1444 FIRST STREET SARASOTA, FL 34236 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BETTIS, RICHARD W NAME STREET ADDRESS 2884 RINGLING BLVD. SARASOTA, FL 34236 CITY-ST-ZIP TITLE NAME STREET ADDRESS Address Change as of April 1,2004 Bethis, Richard W 2864 Ringling Blid Sarasofa FL 34237 CITY-ST-ZIP TIME NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED